FORM D

N12235

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549



FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR FORM LIMITED OFFERING EXEMPTION

| OMB APPR | OVAL |
|-----------------------|--------------|
| 0.1.2 / 1.1.1. | |
| OMB Number: | 3235-0076 |
| Expires: | May 31, 2005 |
| Estimated average bur | den |
| nours per response | 6.00 |
| | |

| SEC USE ONLY | | | | | |
|--------------|---------------|--------|--|--|--|
| Prefix | 1 | Serial | | | |
| | | | | | |
| | DATE RECEIVED | | | | |

| Name of Offering ([] check if this is an amendment and name has changed, and indica | te change.) |
|--|---|
| Xtent, Inc. Series A Preferred Stock | |
| Filing Under (Check box(es) that apply): [] Rule 504 [] Rule 505 | 5 [X] Rule 506 []Section 4(6) [] ULOE |
| Type of Filing: [X] New Filing [] Amendment | |
| A. BASIC IDENTIFICATION | ON DATA |
| Enter the information requested about the issuer | |
| Name of Issuer ([] check if this is an amendment and name has changed, and indicate | change.) 02067925 |
| Xtent, Inc. | |
| Address of Executive Offices (Number and Street, City, State, Zip Coc | |
| 604-D Fifth Street, Redwood City, California 94063 | (650) 298-9500 |
| Address of Principal Business Operations (Number and Street, City, State, Zip Coc | le) Telephone Number (Including Area Code) |
| (if different from Executive Offices) | |
| Brief Description of Business | |
| Medical device company in the interventional cardiology field | |
| Type of Business Organization | PRUCESSE |
| [X] corporation [] limited partnership, already form | ned [] other (please specify): |
| [] business trust [] limited partnership, to be formed | DEC 3 fl 2002 |
| Month | Year Year |
| Actual or Estimated Date of Incorporation or Organization: [06] | [02] [X] Actual [] Est THOMSON |
| Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal S | ervice abbreviation for State: |
| CN for Canada: FN for foreign | ervice appreviation for State: 1 jurisdiction) [DE] |

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition, of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

| Check Box(es) that Apply: | [] Promoter [X] Beneficial Owner [] General and/or Managing Partner | [X] Executive Officer | [X] Director | |
|------------------------------------|---|-----------------------|--------------|--|
| Full Name (Last name first, if ind | | | | |
| Plain Jr., Henry A. | 1 1 10 00 00 00 00 | | | |
| | Number and Street, City, State, Zip Code) | | | |
| | et, Redwood City, California 94063 | 5717 77 1 0 007 | F 3 0 | |
| Check Box(es) that Apply: | [] Promoter [] Beneficial Owner [] General and/or Managing Partner | [X] Executive Officer | [] Director | |
| Full Name (Last name first, if ind | ividual) | | | |
| McGlynn, J. Casey | | | | |
| | Number and Street, City, State, Zip Code) | | | |
| <u> </u> | et, Redwood City, California 94063 | 5717.00 | | |
| Check Box(es) that Apply: | [] Promoter [] Beneficial Owner [] General and/or Managing Partner | [X] Executive Officer | [] Director | |
| Full Name (Last name first, if ind | ividual) | | | |
| Oettinger, Phillip | | | | |
| | Number and Street, City, State, Zip Code) | | | |
| | et, Redwood City, California 94063 | | | |
| Check Box(es) that Apply: | [] Promoter [] Beneficial Owner [] General and/or Managing Partner | [] Executive Officer | [X] Director | |
| Full Name (Last name first, if ind | ividual) | | | |
| Bellas, Robert C. | | | | |
| Business or Residence Address (N | Number and Street, City, State, Zip Code) | | | |
| c/o Xtent, Inc., 604-D Fifth Stre | et, Redwood City, California 94063 | | | |
| Check Box(es) that Apply: | [] Promoter [] Beneficial Owner [] General and/or Managing Partner | [] Executive Officer | [X] Director | |
| Full Name (Last name first, if ind | | | | |
| Latterell, Patrick | , | | | |
| | Number and Street, City, State, Zip Code) | | | |
| | et, Redwood City, California 94063 | | | |
| Check Box(es) that Apply: | [] Promoter [X] Beneficial Owner [] General and/or Managing Partner | [] Executive Officer | [X] Director | |
| Full Name (Last name first, if ind | | | | |
| Will, Allan R. | · | | | |
| | Number and Street, City, State, Zip Code) | | | |
| c/o Xtent, Inc., 604-D Fifth Stre | et, Redwood City, California 94063 | | | |
| Check Box(es) that Apply: | Promoter [X] Beneficial Owner | [] Executive Officer | [] Director | |
| | [] General and/or Managing Partner | | | |
| Full Name (Last name first, if ind | ividual) | | | |
| Gifford, Hanson | | | | |
| Business or Residence Address (N | Number and Street, City, State, Zip Code) | | | |
| c/o Xtent, Inc., 604-D Fifth Stre | et, Redwood City, California 94063 | | | |
| Check Box(es) that Apply: | [] Promoter [X] Beneficial Owner [] General and/or Managing Partner | [] Executive Officer | [] Director | |
| Full Name (Last name first, if ind | ividual) | | | |
| Andreas, Bernie | , | | | |
| | Number and Street, City, State, Zip Code) | | | |
| | et, Redwood City, California 94063 | | | |
| Check Box(es) that Apply: | [] Promoter [X] Beneficial Owner [] General and/or Managing Partner | [] Executive Officer | [] Director | |
| Full Name (Last name first, if ind | | | | |
| Morganthaler Partners VI, L.P. | , | | | |
| | Number and Street, City, State, Zip Code) | | | |
| 2710 Sand Hill Road, Suite 100, | | | | |
| | | | | |

SEC 1972 (1/94)

| . Check Box(es) that Apply: | [] Promoter | [X] Beneficial Owner | [] Executive Officer | [] Director | |
|----------------------------------|------------------------|--|---------------------------------|--------------|--|
| | [] General and/o | | | | |
| Full Name (Last name first, if i | ndividual) | | | | |
| Laterell Venture Partners II, | L.P. | | | | |
| Business or Residence Address | (Number and Street, C | ity, State, Zip Code) | | | |
| Two Embarcadero Center, S | uite 2260, San Francis | co, California 94111 | | | |
| | | | | | |
| | | | | | |
| | (Use blank s | heet, or copy and use additional copie | s of this sheet, as necessary.) | | |

| | | | | | B. IN | FORMA | TION A | BOUT O | FFERIN | G | * / /// | | | |
|-------|---|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|---------------------------------------|---|------------------------------|------------------------------|-------------------------------|------------------------------|-------------------------------|----------------|
| 1. | Has the issue | er sold, or | does the is | | | | | | offering? ing under l | | | | | es No] [X] |
| 2. | What is the r | minimum i | nvestment | that will b | e accepted | l from any | individual | ? | | | | | \$ <u>N</u> | ONE |
| 3. | Does the offe | ering perm | it joint ow | nership of | a single ur | nit? | | | | | | | | es No X] [] |
| 4. | Enter the inf remuneration agent of a br be listed are | n for solici oker or de | tation of p aler registe | urchasers : ered with the | in connect ne SEC an | ion with sa d/or with a | ales of seco a state or s | urities in th tates, list t | ne offering he name o | . If a perse fthe broke | on to be list or or dealer | sted is an a . If more t | ssociated pe than five (5) | |
| Full | Name (Last n | ame first, | if individu | al) | | | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| Bus | iness or Resid | ence Addr | ess (Numb | er and Stre | eet, City, S | tate, Zip C | Code) | | | | | | | |
| Nan | ne of Associat | ed Broker | or Dealer | | | | ···· | | | | | | | |
| Stat | es in Which P | ercon Lista | d Har Sal | inited or In | tands to S | aliait Pural | 20000 | | | | | | | |
| Stat | es ili willeli F | CISON LISI | a nas soi | icited of III | tenus to s | onen ruiei | iascis | | | | | | | |
| | (Check | "All State | s" or check | c individua | l States) | | | | ····· | | | | [] All | States |
| | [AL] [IL] [MT] [RI] | [AK] [IN] [NE] [SC] | [AZ] [IA] [NV] [SD] | [AR] [KS] [NH] [TN] | [CA] [KY] [NJ] [TX] | [CO] [LA] [NM] [UT] | [CT] [ME] [NY] [VT] | [DE] [MD] [NC] [VA] | [DC] [MA] [ND] [WA] | [FL] MI] [OH] [WV] | [GA] [MN] [OK] [WI] | [HI] MS] [OR] [WY] | [ID] [MO] [PA] [PR] | |
| Full | Name (Last n | | | | | | | <u>, , , , , , , , , , , , , , , , , , , </u> | | | | | | |
| Bus | iness or Resid | ence Addr | ess (Numb | er and Stre | et, City, S | tate, Zip C | Code) | | | | | | | |
| Nan | ne of Associat | ed Broker | or Dealer | | | | | | | | | | | |
| State | es in Which Po | erson Liste | ed Has Soli | icited or In | tends to Se | olicit Purch | nasers | | | | | | | |
| | (Check | "All State: | s" or check | individua | l States) | | | | | ••••• | | | [] Ail | States |
| | [AL] [IL] [MT] [RI] | [AK] [IN] [NE] [SC] | [AZ] [IA] [NV] [SD] | [AR] [KS] [NH] [TN] | [CA] [KY] [NJ] [TX] | [CO] [LA] [NM] [UT] | [CT] [ME] [NY] [VT] | [DE] [MD] [NC] [VA] | [DC] [MA] [ND] [WA] | [FL] [MI] [OH] [WV] | [GA] [MN] [OK] [WI] | [HI] [MS] [OR] [WY] | [ID] [MO] [PA] [PR] | |
| Full | Name (Last n | ame first, | if individu: | al) | | | | | | | | | | |
| Bus | iness or Resid | ence Addr | ess (Numb | er and Stre | et, City, S | tate, Zip C | Code) | | | | | | | |
| Nan | ne of Associat | ed Broker | or Dealer | | | | | | | | ·, | | | |
| Stat | es in Which P | erson Liste | d Has Soli | icited or In | tends to Se | olicit Purch | nasers | | | | ' | | | |
| | (Check | "All State: | s" or check | individua | l States) | | | | | | | ************ | [] All | States |
| | [AL] [IL] [MT] [RI] | [AK] [IN] [NE] [SC] | [AZ] [IA] [NV] [SD] | [AR] [KS] [NH] [TN] | [CA] [KY] [NJ] [TX] | [CO] [LA] [NM] [UT] | [CT] [ME] [NY] [VT] | [DE] [MD] [NC] [VA] | [DC] [MA] [ND] [WA] | [FL] [MI] [OH] [WV] | [GA] [MN] [OK] [WI] | [HI] [MS] [OR] [WY] | [ID] [MO] [PA] [PR] | |
| | | | , | Tica blank | chaet or | conv and u | ca addition | al conies (| of this shee | t as neces | cary) | | | |

1 Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box [] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security Amount Already Aggregate Offering Price Sold Debt Equity 5,250,000 5,000,000 [] Common [X] Preferred Series A Convertible Securities (including warrants) Partnership Interests Other (specify)..... Total..... 5,250,000 5,000,000 Answer also in Appendix, Column 3, if filing Under ULOE 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Number Aggregate Dollar Amount of Purchases Investors Accredited Investors 5,000,000 Non-accredited Investors..... Total (for filings Under Rule 504 Only)..... Answer also in Appendix, Column 4 if filing under ULOE 3. If this filing is for an offering Under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of offering Dollar Amount Type of Security Sold Rule 505..... Regulation A..... Rule 504..... Total..... a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate... Legal Fees [X] 50,000 Accounting Fees [] Engineering Fees Other Expenses (identify): [Total[X] 50,000

C. OFFERING PRICE. NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| | b. Enter the difference between the aggregate offering price and total expenses furnished in response to Padifference is the "adjusted gross proceeds to the issuer." | urt C - Question 4.a. | This | | | \$ | 5,200,000 |
|--------|---|---|---------------|---------------|----------------------------------|------|-------------------|
| 5. | Indicate below the amount of the adjusted gross proceed proposed to be used for each of the purposes shown. If the not known, furnish an estimate and check the box to the left of the payments listed must equal the adjusted gross proceed response to Part C – Question 4.b above. | amount for any purpos of the estimate. The t | se is otal | | | | |
| | response to ractor question no accito. | | | | s to Officers, , & Affiliates | P | ayments To Others |
| | Salaries and fees | | [] | \$ | [] | \$ | |
| | Purchase of real estate | | [] | \$ | [] | \$ | |
| • | Purchase, rental or leasing and installation of machinery | and equipment | [] | \$ | [] | \$ | |
| | Construction or leasing of plant buildings and facilities | •••••• | [] | \$ | [][| \$ | |
| | Acquisition of other businesses (including the value of offering that may be used in exchange for the assets issuer pursuant to a merger) | s of securities of anot | her | \$ | [] | \$ | |
| | Repayment of indebtedness | | | | [] | \$ | |
| | Working capital | | [] | \$ | [X] | \$ | 5,200,000 |
| | Other: | | [] | \$ | [] | \$ | |
| | Column totals | | [] | \$ | [X] | \$ | 5,200,000 |
| | Total payments listed (column totals added) | | , | [X] <u>\$</u> | 5,200,000 | | |
| | D. FI | EDERAL SIGNATUR | Œ | L. Mil | | | |
| nstitu | ter has duly caused this notice to be signed by the undersigned dutes an undertaking by the issuer to furnish to the U.S. Securities er to any non-accredited investor pursuant to paragraph (b)(2) of | and Exchange Commis | | | | | |
| | Print or Type) Ktent, Inc. | Signature | 1 | well | J. J. | Date | 8-15-02 |
| ame o | f Signer (Print or Type) Henry A. Plain, Jr. | Title of Signe President | r (Pri | nt or Type) | <i>0</i> | L | |

Attention

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)